

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Sun Exploration & Production Co.	
Address P. O. Box 1861, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Change in Transporter of:
<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Oil
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Condensate

On ~~CASINGHEAD~~ GAS MUST NOT BE
FLARED AFTER 4/1/85
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name U. D. Sawyer	Well No. 11	Pool Name, including Formation Crossroads ^{Silurian} Devonian	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter <u>J</u> : <u>2561</u> Feet From The <u>south</u> Line and <u>1610</u> Feet From The <u>east</u>				
Line of Section <u>27</u> Township <u>9-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobile Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas 75221	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 27
	Twp. 9S	Rge. 36E
	Is gas actually connected? No	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Velma Reyes
(Signature)
Sr. Accounting Asst.
(Title)
2-25-85
(Date)

OIL CONSERVATION DIVISION

FEB 27 1985

APPROVED _____
BY _____
ORIGINAL SIGNED BY JERRY SEXTON 19
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-4-84	Date Compl. Ready to Prod. 2-7-85		Total Depth 12890		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 4026.3' GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 12007		Tubing Depth 4040				
Perforations 12007-12017					Depth Casing Shoe 4040				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8		300		400				
12-1/4	9-5/8		4500		1200				
7-7/8	7		12890		1150				
	2-7/8		4040						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12-28-84	Date of Test 12-28-84	Producing Method (Flow, pump, gas lift, etc.) sub pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 36	Water - Bbls. 3768	Gas - MCF 1

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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FEB 26 1985

HOUSTON OFFICE